

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

*Quality Assurance Division
2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620-2953
FAX: (406) 444-1742*

ADULT DAY CARE FACILITY LICENSE APPLICATION

Number of clients to be served

Will this be a freestanding facility? Yes ☐ No ☐

If No, what facility is the Adult Day Care connected to:

Facility Name:

Facility Address: PO Box:

City: Zip: County:

Facility Telephone Number: FAX:

Facility E-mail/Web page Address:

Name of Applicant:

Applicant Address:

Applicant (or contact) e-mail address:

Administrator of Facility:

Owner (If different from Applicant): Owner Address:

☐ A partnership, firm or association. List every member thereof.

☐ A corporation. List the name and address thereof and the names of its officers.

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

Name: **Address:**

☐ The applicant and managing personnel have never been convicted of a felony. Section 50-5-207 (c)

50-5-207 MCA. Denial, suspension, or revocation of health care facility license -- provisional license. (c) The applicant or any person managing it has been convicted of a felony and denial of a license on that basis is consistent with [37-1-203](#) or the applicant otherwise shows evidence of character traits inimical to the health and safety of patients or residents.

☐ The applicant and managing personnel have never been denied a license. (Section 50-5-207 (C) including stipulations of Section [37-1-203](#)).

37-1-203 MCA. Conviction not a sole basis for denial. Criminal convictions shall not operate as an automatic bar to being licensed to enter any occupation in the state of Montana. No licensing authority shall refuse to license a person solely on the basis of a previous criminal conviction; provided, however, where a license applicant has been convicted of a criminal offense and such criminal offense relates to the public health, welfare, and safety as it applies to the occupation for which the license is sought, the licensing agency may, after investigation, find that the applicant so convicted has not been sufficiently rehabilitated as to warrant the public trust and deny the issuance of a license.

Application for license for an Adult Day Care is hereby submitted under the provision of Section 50-5-101 through 50-5-208. (See attached)

SIGNED:

DATE:

TITLE:

ADDRESS: CITY: STATE/ZIP:

Enclose a check, money order or draft made payable to the *Department of Public Health & Human Services* to cover the license fee. The fee is determined as follows:

(a) facilities with 20 or less = \$20.00

(b) facilities with 21 beds or more = \$1.00 per bed.

This fee will be deposited in the State Treasury and is non-refundable.

For additional information see the following Web Pages:

<http://www.dphhs.mt.gov>

and

Click on

How may we help you? License A Health Facility